If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+130=

ADDIT, FEE

TOTAL

OR

OR

OR

+260=

ADDIT FEE

TOTAL

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

ada

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECOF Effective January 1, 2003				0916	65	42	13
CLAIMS AS FILED - PART I (Column 1) (Column 2)		SMALL I	ENTITY	OR	OTHEF SMALL		
TOTAL CLAIMS			RATE	FEE	7	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA	BASIC FE	E \$375	OR	BASIC FEE	}
TOTAL CHARGEABLE CLAIMS	minus 20=	*	X\$ 9=		OR	X\$18=	1
INDEPENDENT CLAIMS	rinus 3 =	*	X42=	+	1	X84=	
MULTIPLE DEPENDENT CLAIM P	RESENT			+ \ /	OR		1
* If the difference in column 1 is less than zero, enter "0" in column 2			+140= TOTAL	+4	OR	+280=C	7
(CLAIMS AS AMENDED - PART II				L	OR	TOTAL	THAN
61804 (Column 1)	(Colur	mn 2) (Column 3)	SMALL	. ENTITY	OR	OTHER SMALL	
Total Independent CLAIMS REMAINING AFTER AMENDMENT Total * CLAIMS REMAINING AFTER AMENDMENT * Total	HIGH NUME PREVIC PAID	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * 23	Minus ** λ	7	X\$\\ \text{9}=		OR	X\$18=	
Independent * 3	Minus ***	6 =	X42=		OR	X84=	
FIRST PRESENTATION OF MU	JLTIPLE DEPENDENT	CLAIM	+140=		OR	+280=	
			TOTAL		1	TOTAL	+
(Column 1)	(Colun	nn 2) (Column 3)	ADDIT. FEE		P • • • •	ADDIT. FEE	
CLAIMS REMAINING AFTER AMENDMENT Total * Independent	HIGHI NUME PREVIC PAID I	BER PRESENT DUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *	Minus ** 2)	X\$ 9=		OR	X\$18=	
* Independent	Minus ***	6 =	X42=		OR	X84=	
FIRST PRESENTATION OF MU	JUITPLE DEPENDENT	CLAIM	+140=		OR	+280=	
			TOTAL			TOTAL	
(Column 1)	(Colum		ADDIT. FEE			ADDIT. FEE	
CLAIMS. REMAINING AFTER AMENDMENT Total * Independent *	HIGHE NUMB PREVIO PAID F	EST BER PRESENT. OUSLY EXTRA	RATE	ADDI- TIONAL FEE	Ì	RATE	ADDI- TIONAL FEE
Total *	Minus **	=	X\$ 9=		OR	X\$18=	
Independent *	Minus ***	=	X42=		t	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	
* If the entry in column 1 is less than the	e entry in column 2, write '	"0" in column 3.	+140=		OR	+280=	
** If the "Highest Number Previously Pai ***If the "Highest Number Previously Pai The "Highest Number Previously Paid	id For" IN THIS SPACE is id For" IN THIS SPACE is	less than 20, enter "20."	TOTAL ADDIT. FEE and in the ap	·		TOTAL DDIT. FEE	

FORM PTO-875 (Rev. 1/03)